

102903

16519 U.S. PTO

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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102903

Applicant:

Gerhard Kastenhofer

Examiner in immediately
preceding parent appln.: C. Rodriguez

Serial No.: Unknown

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Anticipated Group Art Unit: 3763

For: MULTILAYER INTERVENTIONAL CATHETER

Docket No.: 1001.1291103

TRANSMITTAL SHEET

Mail Stop Patent Application
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

CERTIFICATE UNDER 37 C.F.R. 1.10: The undersigned hereby certified that this paper or papers, as described herein are being deposited in the United States Postal Service, "Express Mail Post Office to Addressee" having an Express Mail mailing label number of: EV 333854186 US, in an envelope addressed to: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this 29th day of October 2003.

By Kathleen L. Bookley
Kathleen L. Bookley

We are transmitting herewith the attached Patent Application which is a Continuation of prior Application Serial No. 09/978,964 under 37 C.F.R. § 1.53(b). The Continuation Application includes the following:

[XX] TEN (10) sheet(s) of Specification.

[XX] TEN (10) Claim(s).

[XX] ONE (1) sheet of Abstract.

[XX] THREE (3) sheet(s) of Formal Drawings.

[XX] Copy of Executed Declaration and Power of Attorney from a prior application.

****The entire disclosure of the prior application, from which the Declaration and Power of Attorney is supplied, is considered a part of the disclosure of the accompanying continuation application and is hereby incorporated by reference.**

[] Small entity status under 37 C.F.R. §§ 1.9 and/or 1.27 is claimed.

[XX] An Assignment of the invention to Schneider (Europe) A.G. was filed in a prior application.

[] A certified copy of a _____ application, Serial No. _____, filed _____, the right of priority of which is claimed under 35 U.S.C. § 119 was filed in a prior application.

[XX] A Preliminary Amendment.

The filing fee is calculated below, pursuant to entry of the Preliminary Amendment.

CLAIMS AS FILED						
	(1)	(2)	Small Entity		Other	
For:	# Filed	# Extra	Rate	Fee	Rate	Fee
Basic Fee (1001)	1	0		\$385		\$770
Total Claims (1202)	11-20 =	0	X 9 =	\$	X 18 =	\$0
Independent Claims (1201)	4-3 =	1	X 43 =	\$	X 86 =	\$86
() Multiple Dependent Claim Presented (1203)			+ 145 =	\$	+ 290 =	\$0
TOTAL			\$		\$856	


*If the difference in Column (1) is less than zero, enter "0" in column 2.

[] Other _____.

[XX] A check in the amount of \$856.00 is enclosed.

[XX] Return Receipt Postcard (MPEP 503).

[XXXX] Please charge any deficiencies or credit any overpayment in the enclosed fees to Deposit Account No. 50-0413.

By: 
David M. Crompton, Reg. No. 36,772
Customer No. 28075

David M. Crompton
CROMPTON, SEAGER & TUFTE, LLC
1221 Nicollet Avenue, Suite 800
Minneapolis, MN 55403-2420
Telephone: (612) 677-9050
Facsimile: (612) 359-9349